Play & Learn
MONTESSORI CHILDREN'S HOUSE
"Educating the Whole Child"
Administrative Offices
200 Camphill Road · Fort Washington, PA 19034
www.playandlearn.com · www.mch2learn.org
215-643-4142 · 215-641-1761

COMMUNITY PARTNERSHIP DISCOUNT APPLICATION

Please fill in the information below and return with proof of employment.

Child's Name _____ Date of Birth _____ Entrance Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Please check the center where your child attends:

PLAY & LEARN:

_____ Abington _____ Ardmore _____ Blue Bell _____ Bryn Mawr

_____ Collegeville _____ Fort Washington (IT) _____ Fort Washington (PS) _____ Green Lane

_____ Hatboro _____ Lansdale _____ Norristown _____ Royersford

MONTESSORI CHILDREN'S HOUSE _____ Blue Bell _____ Horsham

Please check your employer:

_____ Abington Memorial Hospital _____ Johnson & Johnson _____ Parkhouse Providence Pointe

_____ Pfizer _____ Prudential _____ SEI

_____ United States Military _____ Wordsworth Academy

Employee Name _____ Relationship to Child _____ Social Security Number _____

Employer Address _____ Work Phone Number _____ Employer ID (Required) _____

Human Resource Contact _____ Phone Number _____ Email Address _____

I understand that in order to receive the Community Partnership discount at Play & Learn or Montessori Children's House, I must provide proof of employment upon enrollment and fill out a Community Partnership Verification form quarterly thereafter (9/1, 12/1, 3/1, 6/1). PROOF OF EMPLOYMENT SHOULD BE A CURRENT PAY STUB FROM MY EMPLOYER (WITH SALARY INFORMATION BLACKED-OUT.) The discount will become effective when this application and proof of employment are received by Play & Learn and Montessori Children's House. In order for the discount to remain in effect, I am responsible for submitting quarterly employment verification to Play & Learn and Montessori Children's House. Any interruption in the discount due to lack of verification will not be re-credited. I further acknowledge that if my employment status changes, I must inform Play & Learn or Montessori Children's House and that I will be responsible for payment of full tuition fees commencing with the date of employment termination.

PARENT NAME (please print) _____ PARENT SIGNATURE _____ DATE _____

Play & Learn and Montessori Children's House are non-profit, 501(c)(3) equal opportunity early education organizations.